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Taiwan Society for Integration of Chinese and Western Medicine

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The Day after Tomorrow: POST COVID-19 Symptom Management

本會為擴展繼續教育資源及管道首次與Docquity合作辦理研討會。Docquity 是醫師/醫學生專屬的社群教育網絡媒體平台，於今年正式進駐台灣，每週都有直播演講課程，歡迎大家了解資訊 (<https://docquity.com/> 或 [Docquity Taiwan | Facebook](#)) 並下載軟體，參與各種不同的醫學教育課程。

自2019年爆發新冠疫情至今，重症與死亡率已明顯降低。但確診染疫後揮之不去的「新冠後遺症」卻成為長期隱憂。Long COVID所帶來身體的不適現象，廣泛的出現在心臟、呼吸系統、神經系統、消化系統，以及皮膚和肌肉關節各個身體器官並通對病患的日常生活產生影響。本次研討會邀請胸腔內科醫師及中醫師探討Long COVID治療及中醫在長新冠治療扮演的角色。

Speakers



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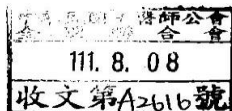
傅彬貴

敬賀



衛生福利部中央健康保險署-中醫針灸、傷科處置費檢核生效日期，提供申報規範建議案

正本

檔號
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220



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附件：如說明一、二

主旨：貴會函復有關中醫針灸、傷科處置費檢核生效日期，並提供申報規範建議案，復如說明，請查照。

說明：

一、依「全民健康保險醫療服務給付項目及支付標準第四部中醫第四章針灸治療處置費、第五章傷科治療處置費、第六章針灸合併傷科治療處置費申報規範」（下稱申報規範）辦理（附件1），兼復貴會111年7月22日(111)全聯醫總富字第1866號書函。

二、有關貴會建議旨揭事項，說明如下：

（一）申報規範附表2「診療部位代碼」係配合本署「特約醫事服務機構門診醫療費用點數申報格式及填表說明」醫令清單段之欄位名稱「診療之部位」（p6）訂定中醫部位代碼，該欄位列於醫令清單段，即係處置項目（針灸、傷科治療處置）之部位。

（二）依據本署111年2月24日召開「全民健康保險中醫門診總額111年第1次研商議事會議」決議，為利院所申報檢核作業，中醫針灸、傷科處置項目應如實填報診療部位、治療時間等項目。爰此，考量倘新增「C7：針灸治療同一穴名兩側（左側及右側）」，則難確認院所實際提供之診療部位，故建議不予增列，將提至最近一次中醫門診總額研商議事會議報告確認。

（三）有關「中醫針灸治療處置費、傷科治療處置費、針灸合併傷科治療處置費診療項目—REA改支醫令處理」（附件2）：本署同意自費用年月111年10月起啟動檢核。

正本：中華民國中醫師公會全國聯合會

副本：本署各分區業務組

署長李伯璋

資料來源：中醫師公會全國聯合會

<http://www.twtm.tw/new.php?cat=1&id=2961>



Symptoms and risk factors for long COVID in non-hospitalized adults

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Abstract

Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection is associated with a range of persistent symptoms impacting everyday functioning, known as post-COVID-19 condition or long COVID. We undertook a retrospective matched cohort study using a UK-based primary care database, Clinical Practice Research Datalink Aurum, to determine symptoms that are associated with confirmed SARS-CoV-2 infection beyond 12 weeks in non-hospitalized adults and the risk factors associated with developing persistent symptoms. We selected 486,149 adults with confirmed SARS-CoV-2 infection and 1,944,580 propensity score-matched adults with no recorded evidence of SARS-CoV-2 infection. Outcomes included 115 individual symptoms, as well as long COVID, defined as a composite outcome of 33 symptoms by the World Health Organization clinical case definition. Cox proportional hazards models were used to estimate adjusted hazard ratios (aHRs) for the outcomes. A total of 62 symptoms were significantly associated with SARS-CoV-2 infection after 12 weeks. The largest aHRs were for anosmia (aHR 6.49, 95% CI 5.02–8.39), hair loss (3.99, 3.63–4.39), sneezing (2.77, 1.40–5.50), ejaculation difficulty (2.63, 1.61–4.28) and reduced libido (2.36, 1.61–3.47). Among the cohort of patients infected with SARS-CoV-2, risk factors for long COVID included female sex, belonging to an ethnic minority, socioeconomic deprivation, smoking, obesity and a wide range of comorbidities. The risk of developing long COVID was also found to be increased along a gradient of decreasing age. SARS-CoV-2 infection is associated with a plethora of symptoms that are associated with a range of sociodemographic and clinical risk factors.



The Potential Complementary Role of Using Chinese Herbal Medicine with Western Medicine in Treating COVID-19 Patients: Pharmacology Network Analysis

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Abstract

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) caused a global pandemic in 2019—coronavirus disease (COVID-19). More and more Western medicine (WM) and Chinese herbal medicine (CHM) treatments have been used to treat COVID-19 patients, especially among Asian populations. However, the interactions between WM and CHM have not been studied. This study aims at using the network pharmacology approach to explore the potential complementary effects among commonly used CHM and WM in a clinical setting from a biomolecular perspective. Three well-published and widely used CHM formulas (National Research Institute of Chinese Medicine 101 (NRICM101), Qing-Fei-Pai-Du-Tang (QFPDT), Hua-Shi-Bai-Du-Formula (HSBDF)) and six categories of WM (Dexamethasone, Janus kinase inhibitors (JAKi), Anti-Interleukin-6 (Anti-IL6), anticoagulants, non-vitamin K antagonist oral anticoagulants (NOAC), and Aspirin) were included in the network pharmacology analysis. The target proteins on which these CHM and WM had direct effects were acquired from the STITCH database, and the potential molecular pathways were found in the REACTOME database. The COVID-19-related target proteins were obtained from the TTD database. For the three CHM formulas, QFPDT covered the most proteins (714), and 27 of them were COVID-19-related, while HSBDF and NRICM101 covered 624 (24 COVID-19-related) and 568 (25 COVID-19-related) proteins, respectively. On the other hand, WM covered COVID-19-related proteins more precisely and seemed different from CHM. The network pharmacology showed CHM formulas affected several inflammation-related proteins for COVID-19, including IL-10, TNF- α , IL-6, TLR3, and IL-8, in which Dexamethasone and Aspirin covered only IL-10 and TNF- α . JAK and IL-6 receptors were only inhibited by WM. The molecular pathways covered by CHM and WM also seemed mutually exclusive. WM had advantages in cytokine signaling, while CHM had an add-on effect on innate and adaptive immunity, including neutrophil regulation. WM and CHM could be used together to strengthen the anti-inflammation effects for COVID-19 from different pathways, and the combination of WM and CHM may achieve more promising results. These findings warrant further clinical studies about CHM and WM use for COVID-19 and other diseases.

Keywords: anti-inflammation; Chinese herbal medicine; coronavirus disease 2019 (COVID-19); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); pharmacology network analysis; Western medicine